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TRANSMITTAL FORM (to be used for all correspondence after initial filing)				Application Number	09/919,75	0	귰		╛	
				Filing Date	July 31, 2	001	TECHNOLOG	<u></u>	1	
				First Named Inventor	Harry J. B	Buncke) [0]	Z		
				Group Art Unit	3731			(S)		
				Examiner Name	Jackson, Gary			2003	į	
	Total Number of	of Pages in This Submissi	ion 29		Attorney Docket Number	013341-000003b				1
			ENCL	OSUR	ES (check all that apply)	3700				
	Fee Transmittal Form Ass (for Contact C			(for an Drawin Licens: Petition Petition Provisi Power Chang Address Termin Requestion CD, No. 1	ing-related Papers n to Convert to a lonal Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Consent of Assignee; check in the amount of \$618; acknowledgement postcard				
		SIGNA	TURE OI	APPL	ICANT, ATTORNEY, OF	RAGENT		=======================================		┪
Firm or Individual Name MOORE & VAN ALLEN JENNIFER L. SKORD, REG. NO.: 30,687										
Signature Jennifer T. X				Skord]	
Date June 13, 2003										
CERTIFICATE OF MAILING										
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail										
in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this date: June 13, 2003.										
Typed or printed name (Liffia) Glean Signature						T 5-	oto I lune 40 0000			4
Cignatu				بلار		Da	ate June 13, 2003	1		- 1

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

	Complete if Known					
JUN 1 6 200 FEE TRANSMIT	TAL	Application Number	09/919,750	- - -		
for FY 2003 Patent fees are subject to annual rev		Filing Date	July 31, 2001	74 4 5 F M		
Patent fees are subject to annual revi	First Named Inventor	Harry J. Buncke				
		Examiner Name	Jackson, Gary			
		Group Art Unit	3731 013341-000003b			
TOTAL AMOUNT OF PAYMENT	(\$) 618.00	Attorney Docket No.				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check	3. ADDITIONAL FEES						
Deposit Account:	Large Entity		Small Entity				
Deposit 13-4365 Account	Fee	Fee	Fee	Fee	Fee !	Description	Fee Paid
Number	Code	(\$)	Cod e	(\$)			
	105	130	205	65	Surcharge - late filir	ng fee or oath	
Deposit Moore & Van Allen PLLC	127	50	227	25		visional filing fee or cover	
Account Name	l				sheet		
The Commisioner is authorized to: (check all that apply)	139 147	130	139	130	Non-English specific		
Charge fee(s) indicated below Credit any overpayments	112	2,250 920*	147	2,250 920*	• .	or ex parte reexamination	
Charge any additional fee(s) during the pendency of this application	112	920	112	920	Requesting publicati Examiner action	ion of sirk prior to	
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.	113	1,840*	113	1,840*	Peguestina publicati	ion of SIR after Examiner	
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1. BASIC FILING FEE	116	110	215	55	Extension for reply v		ECHNOLOGY CENTER
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	116	400 920	216 217	200 460	Extension for reply v		 5
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101 750 201 375 Utility filing fee	118	1,440	218	720	Extension for reply v		
106 330 206 165 Design filing fee	128	1,960	228	980	Extension for reply v	vithin fifth month	
107 520 207 260 Plant filing fee	119 120	320 320	219 220	160 160	Notice of Appeal Filing a brief in supp	ort of an anneal	├──
114 160 214 80 Provisional filing fee	121	280	221	140	Request for oral hea	• •	┝══
	138	1,510	138	1,510	•	public use proceeding	R3700
SUBTOTAL(1) (\$) 0.00	140	110	240	55	Petition to revive - u	navoidable	8
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	141	1,280	241	640	Petition to revive - u	nintentional	
Fee from Extra Claims below Fee Pald	142	1,280	242	640	Utility issue fee (or r	eissue)	
Total Claims 73 -37**= 36 X 9.00 = 324.00	143	460	243	230	Design issue fee		
Independent 14 -7**= 7 X 42.00 = 294.00	144	620	244	310	Plant issue fee		
Claims =	122	130	122	130	Petitions to the Com	missioner	
Multiple Dependent	123	50	123	50	Processing fee unde	er 37 CFR 1.17(q)	
Large Entity Small Entity .	126	180	126	180	Submission of Inform	nation Disclosure Stmt	
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	581	40	581	40	Recording each pate		
103 18 203 9 Claims in excess of 20					property (times num	ber of properties)	
102 84 202 42 Independent claims in excess of 3	146	740	246	370	Filing a submission	after final rejection	
104 280 204 140 Multiple dependent claims, if not paid					(37 ČFR § 1.129(a))		
109 84 209 42 ** Reissue independent claims over original patent	149	740	249	370	For each additional i (37 CFR § 1.129(b))	nvention to be examined	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	179	740	279	370	Request for Continu	ed Examination (RCE)	
,	169	900	169	900	Request for expedite		
SUBTOTAL(2) (\$) 618.00	Other fe	ee (specify) _			of a design application		
**or number previously paid, if greater, For Reissues, see above	* Radua	ed by Basic	Filing So	a Poid	SIIRT	OTAL(3)	(\$) 618.00
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SUBMITTED BY				Complete (if	applicable)		
Name (Print Type) Jennifer L. Skord	R	egistration	No.		Telephone	- Common of	
(Attomey/Agent)		0,687	-			919-286-8000	
Signature 1 - 1	7	1			Date	June 13, 2003	
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information and authorizati n on PTO-2038.

Burden Hour Statement; This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 200231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.



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PATENT

TECHNOLOGY CENTER R3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application of: Buncke, Harry J.

Docket No.:

013341.000003b

Reissue Serial No.:

09/919,750

Art Unit:

3731

Reissue Filed: July 31, 2001

Examiner:

Jackson, Gary

Reissue of: U.S. Patent No. 5,931,855 (U.S. Serial No. 08/859,887)

For: SURGICAL METHODS USING ONE-WAY SUTURE

SUPPLEMENTAL DECLARATION FOR AMENDMENT A PRESENTING ADDITIONAL BROADENING CLAIMS FOR REISSUE APPLICATION

As the below named inventor and patentee of the above-identified patent and reissue application, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a reissue patent is sought on the invention entitled: SURGICAL METHODS USING ONE-WAY SUTURE.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified Amendment A, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. §1.56(a).

ERROR AROSE WITHOUT ANY DECEPTIVE INTENTION

Specifically, I failed to claim in the reissue application as filed the one-way sutures and double-armed sutures each in combination with a surgical needle, and also the additional methods of manufacture of one-way sutures and double-armed sutures, as disclosed in the original patent application and as shown in the drawings. This error arose without any deceptive intention on the part of myself, the applicant.

SECTION 1001 OF TITLE 18

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the reissue application or any reissued patent issued thereon.

Inventor's Signature;

Full name of inventor: Harry J. Buncke

Country of Citizenship: USA

Residence: Hillsborough, California 94010

Post Office Address: 1565 Kingswood Drive

Hillsborough, California 94010



PATENT 2-5

TECHNOLOGY CENTER R3700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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For: SURGICAL METHODS USING ONE-WAY SUTURE

CONSENT OF ASSIGNEE TO AMENDMENT A PRESENTING ADDITIONAL BROADENING CLAIMS FOR REISSUE APPLICATION

The undersigned assignee and owner of the entire interest in the above-identified patent and above-identified reissue application hereby consents to the Amendment A presenting additional broadening claims for the above-identified reissue application, which was originally filed as a broadening reissue application on the basis of the applicant having claimed less than he had a right to claim.

Documentary evidence of the undersigned's entire interest in the above-identified patent and above-identified reissue application is found in the recorded Assignment document at:

Reel No. 013305, Frame No. 0279, recorded December 20, 2002.

Date:

By: ˌ

Matthew Megaro

President and Chief Executive Officer

Quill Medical, Inc.

2505 Meridian Parkway, Suite 150

Research Triangle Park, North Carolina 27713